

Case Number:	CM14-0163977		
Date Assigned:	10/08/2014	Date of Injury:	12/15/1991
Decision Date:	11/20/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/06/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 56-year-old female with a 12/15/91 date of injury. At the time (9/10/14) of the Decision for lumbar spine medial nerve branch blocks, there is documentation of objective (painful and restricted lumbar range of movement with preserved sensation, motor strength, and reflexes in the lower extremity) findings, current diagnoses (chronic lumbar backache, recurrent myofascial strain), and treatment to date (medications). There is no documentation of low-back pain at no more than two levels bilaterally, failure of additional conservative treatment (including home exercise and PT) prior to the procedure for at least 4-6 weeks, and that no more than 2 joint levels are to be injected in one session.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar Spine Medial Nerve Branch Blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back-Facet joint diagnostic blocks (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Medial Branch Blocks (MBBs)

Decision rationale: MTUS reference to ACOEM identifies documentation of non-radicular facet mediated pain as criteria necessary to support the medical necessity of medial branch block. ODG identifies documentation of low-back pain that is non-radicular and at no more than two levels bilaterally, failure of conservative treatment (including home exercise, PT, and NSAIDs) prior to the procedure for at least 4-6 weeks, and no more than 2 joint levels to be injected in one session, as criteria necessary to support the medical necessity of medial branch block. Within the medical information available for review, there is documentation of diagnoses of chronic lumbar backache and recurrent myofascial strain. In addition, there is documentation of conservative treatment (medications). However, despite documentation of painful and restricted lumbar range of movement, and diagnoses including chronic lumbar backache, there is no (clear) documentation of low-back pain no more than two levels bilaterally. In addition, there is no documentation of failure of additional conservative treatment (including home exercise and PT) prior to the procedure for at least 4-6 weeks, and that no more than 2 joint levels are to be injected in one session. Therefore, based on guidelines and a review of the evidence, the request for lumbar spine medial nerve branch blocks is not medically necessary.